



IMPROVING HEALTH CARE QUALITY

Prenatal and Postpartum Care

Blue Cross and Blue Shield of New Mexico (BCBSNM) collects quality data from our providers to measure and improve the quality of care our members receive. Prenatal and Postpartum Care (PPC) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of live-birth deliveries on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year. This measure assesses:

- **Timeliness of prenatal care**, or the percentage of deliveries in which women had a prenatal care visit in the **first trimester**, on or before the enrollment start date or within 42 days of enrollment with BCBSNM
- **Postpartum care**, or the percentage of deliveries in which women had a postpartum visit on or **between 7 and 84 days after delivery**

PPC is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

Timely and adequate prenatal care can prevent poor birth outcomes. The American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that women with uncomplicated pregnancies be examined at least once in the first trimester for prenatal care and about three weeks after delivery for postpartum care. Appropriate perinatal services and education are crucial components of a healthy birth. Learn more from [NCQA](#).



Eligible Population

Members are included in this measure who had a live birth in any setting on or between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year.

- **Count twice:** Women who had two separate deliveries (different dates of service) between Oct. 8 of the year prior to the measurement year and Oct. 7 of the measurement year
- **Count once:** Women with multiple live births during one pregnancy

Exclusions: Members in hospice are excluded from the eligible population.

Tips to Consider

- Schedule initial prenatal visits in the first 12 weeks of pregnancy with an OB/GYN, primary care provider (PCP) or other prenatal practitioner.
- Be aware that post-operative visits after a Cesarean section within a couple of days of discharge don't count as a postpartum visit. A postpartum visit must take place on or between 7 to 84 days after delivery. A postpartum visit should be scheduled during the Cesarean section post-op visit.
- Educate members about the importance of attending all visits. This ensures that proper assessment, testing, referrals and guidance can be provided.

How to Document

- PPC data is collected from claims and chart review.
- When **documenting a prenatal visit**, include diagnosis of pregnancy, last menstrual period or estimated date of delivery. Include prenatal care such as prenatal risk assessment, complete obstetrical history, fetal heart tone and screening tests.
- When **documenting a postpartum visit**, notate postpartum (PP) care, PP check or six-week check. It can be a simple note documenting the pelvic exam, evaluation of weight, blood pressure, breasts and abdomen. Breastfeeding notation is acceptable for the breast evaluation. The visit should be with an OB/GYN, midwife, family practitioner or other PCP. Ancillary staff should perform only ancillary services.
- Make sure all documentation is clear and comprehensive. Notes in electronic medical records and paper charts should be signed with name and credentials. This applies to solo and group practices.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSNM Network Representative.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

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